

SERV SAFE _____ ALLERGY TR. _____	LICENSE FEE : \$50.00 Northampton Based: \$25.00	Date Issued:	PERMIT NO:	YEAR: 2012
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APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT PERMIT

CASH ☐

CHECK ☐

Name of Establishment _____ Operator _____ Contact Telephone _____

Name of Event/Location _____ Date(s) of Event/Hours of Operation _____

Operator Mailing Address _____

1. Before completing this application, read Food Safety at Temporary Events and the temporary food service "Are You Ready?" Checklist.
Have you read this material? _____ **YES** _____ **NO**

2. Menu: Attach or list **all** items. Any changes must be submitted and approved by the Board of Health at least 7 days prior to the event.

3. Will all foods be prepared at the temporary food service booth?

_____ **YES** Fill out **Section B** below.

_____ **NO**

1. Attach a copy of the food permit and agreement for use of another approved kitchen giving dates and times.

2. Fill out both **Sections A and B** below.

4. List each potentially hazardous food item, and for each item check which preparation procedure will occur.

SECTION A: At the approved kitchen:

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								

SECTION B: At the booth:

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

5. Food source(s): _____

Source and storage of water/ice: _____

Storage and disposal of wastewater: _____

Storage and disposal of garbage: _____

6. NAME OF CERTIFIED FOOD MANAGER:

NAME PERSON WITH ALLERGEN AWARENESS TRAINING:

NOTE: As of **October 1, 2001**, at least one Certified Food Manager is required for all Food Service operations which handle potentially hazardous foods (PHFs). As of **February 1, 2011**, have a staff person who has completed allergen awareness training. A copy of each certificate must be on file at the Health Office. **Please include a copy of each certificate with this application.**

A. Draw in the location and identify all equipment including hand wash facilities, dish wash facilities, ranges, refrigerators, worktables, food/single service storage, etc. (A certificate from the Fire Department is required for all open flames.)

B. Describe floor, wall and ceiling surfaces: _____

[illegible]

I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments, federal 1999 Food Code and the above described establishment will be operated and maintained in accordance with the regulation:

DATE _____

BOARD OF HEALTH COMMENTS:

DATE _____

Date: _____